FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017352 (3)**

1. Corporation Name
E L D I SEWING AND CUTTING SUPPLIES, INC.

Principal Place of Business	Mailing Address
6745 MIAMI LAKES DR. # I-327 MIAMI LAKES FL 33014	6745 MIAMI LAKES DR. # I-327 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 7108 N. BEDLINGTON RD.
22: Suite, Apt. #, etc.
23: City & State: MIAMI LAKES, FL
24: Zip: 33014 — 25: Country

2a. Mailing Address
26: P.O. BOX 3299
27: Suite, Apt. #, etc.
28: City & State: HIALEAH, FL
29: Zip: 33013 — 30: Country

4. FEI Number: 65-0472162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLLAZO, MARITZA
6745 MIAMI LAKES DR.
I-327
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 7108 N. BEDLINGTON RD.
83:
84 City: MIAMI LAKES FL 85 Zip Code: 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	COLLAZO, MARITZA	1.2 NAME	
STREET ADDRESS	6745 MIAMI LAKES DRIVE, I-327	1.3 STREET ADDRESS	7108 N. BEDLINGTON RD.
CITY-ST-ZIP	MIAMI FL 33014	1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	STD	2.1 TITLE	☒ Change ☐ Addition
NAME	DORREGO, LEONARDO	2.2 NAME	
STREET ADDRESS	6745 MIAMI LAKES DRIVE, I-327	2.3 STREET ADDRESS	7108 N. BEDLINGTON RD.
CITY-ST-ZIP	MIAMI FL 33014	2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LEONARDO DORREGO 01-13-95 305-436-8579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0085180 CP